

Department of Human Resource Management
Room 2120 State Office Building
Salt Lake City, Utah 84114-1531
Phone: 801-538-3025 Fax: 801-538-3081
Government Records and Management Act (GRAMA)
Request for Records

TO: Department of Human Resources Management

To request information that is maintained by this office, please provide the following:

Name: _____

Address: _____

City, State, Zip Code: _____

Daytime telephone number: _____

Description of records sought (records must be described with reasonable specificity):

- ☐ I would like to inspect the records.
- ☐ I would like to receive copies of the records.
- ☐ I understand that I will be responsible for copies or other costs up to \$_____. I further understand that the agency will contact me if estimated costs are greater than the amount specified, and that the agency will not respond to a request for copies if I have not authorized adequate costs.
- ☐ I request a waiver of copy costs. (Please attach information supporting your request; see U.C.A. 63-2-203(3) for a list of situations under which an agency is encouraged to provide copies without charge.)

If applicable, check one of the following and attach necessary documentation.

- ☐ I am the right subject of the record.
- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record by the person who submitted the information. Attach copy of authorization.
- ☐ Other. Explain
- ☐ I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under UC 63-2-204(3).)

Signature

Date